

APPENDIX

PURCHASE ORDER ACCOUNTS PAYABLE VOUCHER

No. _____

SCHOOL EXTRA-CURRICULAR ACCOUNT

PAID BY CHECK:

DATE _____

No. _____ Date _____, _____

Purchased From _____

Address _____

Purchased For _____

Deliver To _____

Send Invoice To _____

TO THE DISBURSING OFFICER:

The following expense is proposed, payable from the _____ Fund.

An invoice or bill to be properly itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

| Quantity | Description | Unit | Price | Total |
|-------------------|-------------|------|-------|-------|
| <div>SAMPLE</div> | | | | |
| Total This Order | | | | |

 Signed: _____
 Person Authorized to Purchase

I hereby certify that there is an unobligated balance in the applicable fund sufficient to pay the above order.

Date: _____, _____

Treasurer

**PURCHASE ORDER
ACCOUNTS PAYABLE VOUCHER**
(Receiving Copy)

No. _____

SCHOOL EXTRA-CURRICULAR ACCOUNT

PAID BY CHECK:

DATE _____

No. _____ Date _____, _____

Purchased From _____

Address _____

Purchased For _____

Deliver To _____

Send Invoice To _____

TO THE DISBURSING OFFICER:

The following expense is proposed, payable from the _____ Fund.

No payment is to be made for this order until the SA-1 Form is properly filed and the items have been received.

An invoice or bill to be properly itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

| Quantity | Description | Unit | Price | Total |
|------------------|-------------|------|-------|-------|
| SAMPLE | | | | |
| Total This Order | | | | |

Signed: _____
Person Authorized to Purchase

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge is made were ordered and received except.

Date: _____, _____

Signed: _____
Signature

I hereby certify that there is an unobligated balance in the applicable fund sufficient to pay the above order

Date: _____, _____

Treasurer

**PURCHASE ORDER
ACCOUNTS PAYABLE VOUCHER**
(File Copy)

No. _____

SCHOOL EXTRA-CURRICULAR ACCOUNT

PAID BY CHECK:

DATE _____

No. _____ Date _____, _____

Purchased From _____

Address _____

Purchased For _____

Deliver To _____

Send Invoice To _____

TO THE DISBURSING OFFICER:

The following expense is proposed, payable from the _____ Fund.

No payment is to be made for this order until the SA-1 Form is properly filed and the items have been received.

An invoice or bill to be properly itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

| Quantity | Description | Unit | Price | Total |
|------------------|-------------|------|-------|-------|
| SAMPLE | | | | |
| Total This Order | | | | |

Signed: _____
Person Authorized to Purchase

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge is made were ordered and received except _____.

Date: _____, _____

Signed: _____
Signature

I hereby certify that there is an unobligated balance in the applicable fund sufficient to pay the above order

Date: _____, _____

Treasurer

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and I have audited same in accordance with IC 5-11-10-1.6.

Date: _____, _____

Treasurer

Prescribed Form SA 2 (Rev 1970)

CHECK

| HRS WORKED | GROSS PAY | FEDERAL WITH.TAX | SOCIAL SECURITY | STATE WITH.TAX | INSURANCE | | | | PERIOD ENDING | EMPLOYEE DETACH BEFORE CASHING |
|---------------|--------------|---------------------|--------------------|-------------------|-----------|--|--|--|------------------|---|
| | | | | | | | | | | |

PRESCRIBED BY STATE BOARD OF ACCOUNTS **FORM No. SA-2 (Rev. 1970)**

SCHOOL EXTRA-CURRICULAR ACCOUNT
 _____ (NAME OF SCHOOL) _____ No. _____

Fund _____
 Purpose _____
 P.O. No. _____
 Claim No. _____
 Invoice No. _____

_____, Indiana _____, _____

Pay to the order of _____ \$ _____

_____ Dollars

Payable at (Bank) _____

Treasurer

Superintendent or Principal

SPACE FOR M.I.C.R.

ORIGINAL

| HRS WORKED | GROSS PAY | FEDERAL WITH.TAX | SOCIAL SECURITY | STATE WITH.TAX | INSURANCE | | | | PERIOD ENDING | EMPLOYEE DETACH BEFORE CASHING |
|---------------|--------------|---------------------|--------------------|-------------------|-----------|--|--|--|------------------|---|
| | | | | | | | | | | |

PRESCRIBED BY STATE BOARD OF ACCOUNTS **FORM No. SA-2 (Rev. 1970)**

SCHOOL EXTRA-CURRICULAR ACCOUNT
 _____ (NAME OF SCHOOL) _____ No. _____

Fund _____
 Purpose _____
 P.O. No. _____
 Claim No. _____
 Invoice No. _____

_____, Indiana _____, _____

Pay to the order of _____ \$ _____

_____ Dollars

Payable at (Bank) _____

NON - NEGOTIABLE

SPACE FOR M.I.C.R.

DUPLICATE

Combination form for payroll use as well as accounts payable

Prescribed by State Board of Accounts

Form No. SA-3 (Revised 1997)

**RECEIPT
SCHOOL EXTRA-CURRICULAR ACCOUNT**

_____, SCHOOL _____ No. _____
_____, IN _____, _____

| Payment Type and Amount | | | | | |
|-------------------------|-----------------------|--------------|-------------------------------------|-----------------|-------|
| Cash Amount | Check/Draft Amount | MO Amount | Credit Card/ Bank Card Amount | E-F I Amount | Other |
| | | | | | |

RECEIVED FROM _____ \$ _____
THE SUM OF _____ DOLLARS
FOR DEPOSIT TO THE CREDIT OF _____ FUND
SOURCE _____ (Activity)

TREASURER

ORIGINAL

Prescribed by State Board of Accounts

Form No. SA-3 (Revised 1997)

**RECEIPT
SCHOOL EXTRA-CURRICULAR ACCOUNT**

_____, SCHOOL _____ No. _____
_____, IN _____, _____

| Payment Type and Amount | | | | | |
|-------------------------|-----------------------|--------------|-------------------------------------|-----------------|-------|
| Cash Amount | Check/Draft Amount | MO Amount | Credit Card/ Bank Card Amount | E-F I Amount | Other |
| | | | | | |

RECEIVED FROM _____ \$ _____
THE SUM OF _____ DOLLARS
FOR DEPOSIT TO THE CREDIT OF _____ FUND
SOURCE _____ (Activity)

TREASURER

DUPLICATE

TICKET SALES

SCHOOL _____
 GAME _____
 OTHER _____

TOWN OR CITY _____
DATE _____
ACTIVITY _____

| TICKETS | | | | | | | |
|---------|------------|------|------------|------|--------------|-------|--------------------|
| KIND | ISSUED | | RETURNED | | TICKETS SOLD | PRICE | TOTAL AMOUNT SALES |
| | SERIAL NO. | AMT. | SERIAL NO. | AMT. | | | |
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| | TOTAL | | | | | | |

Made by _____
(Title)

Verified and Approved by _____
(Official or Sponsor)

ORIGINAL

TICKET SALES

SCHOOL _____
 GAME _____
 OTHER _____

TOWN OR CITY _____
DATE _____
ACTIVITY _____

| TICKETS | | | | | | | |
|---------|------------|------|------------|------|--------------|-------|--------------------|
| KIND | ISSUED | | RETURNED | | TICKETS SOLD | PRICE | TOTAL AMOUNT SALES |
| | SERIAL NO. | AMT. | SERIAL NO. | AMT. | | | |
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| | TOTAL | | | | | | |

Made by _____
(Title)

Verified and Approved by _____
(Official or Sponsor)

DUPLICATE

| NAME OF FUND | BALANCE BEGINNING OF PERIOD 1 | RECEIPTS DURING PERIOD 2 | EXPENDITURES 3 | BALANCE END OF PERIOD 4 |
|-----------------|--|-----------------------------------|-------------------|----------------------------------|
| | \$ | \$ | \$ | \$ |
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| TOTAL ALL FUNDS | \$ | \$ | \$ | \$ |

CASH RECONCILEMENT

| LOCATION | | |
|--------------------------------------|-------|----------|
| DEPOSITORY BALANCE | _____ | \$ _____ |
| CASH ON HAND (ADD) | | |
| TOTAL CASH ON HAND AND IN DEPOSITORY | | \$ _____ |
| TOTAL OF OUTSTANDING CHECKS (DEDUCT) | | \$ _____ |
| BALANCE | ===== | |

OUTSTANDING CHECKS

| DATE | NUMBER | AMOUNT | DATE | NUMBER | AMOUNT |
|-----------------|--------|----------|-----------------|--------|----------|
| | | \$ _____ | BROUGHT FORWARD | | \$ _____ |
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| CARRIED FORWARD | | \$ _____ | TOTAL | | \$ _____ |

DETAIL OF RECEIPTS AND EXPENDITURES
BY FUNDS

_____ FUND
RECEIPTS

| SOURCE OF RECEIPTS | NATURE OF RECEIPTS | AMOUNT | |
|--------------------|--------------------|--------|--|
| | | \$ | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL RECEIPTS | | \$ | |

NOTE: TOTAL RECEIPTS MUST AGREE WITH RECEIPTS OF THIS FUND AS SHOWN IN COLUMN 2,
PAGE 1.

EXPENDITURE

| PURPOSE OF EXPENDITURE | AMOUNT | |
|------------------------|--------|--|
| | \$ | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL EXPENDITURES | \$ | |

The bank in which all moneys of this account are deposited is:

Name of Bank

Location of Bank

Date school officially closed _____, _____

BOND OF SCHOOL TREASURER

Name of Surety

Amount of Bond \$_____

Date of Expiration

CERTIFICATE OF SCHOOL TREASURER/PRINCIPAL

I, _____, Treasurer, _____,
Principal, of the _____ School Extra-Curricular
Account, hereby certify that the foregoing report of the said account is true and correct to the best
of my knowledge and belief. I further certify that copies of this report have been filed with the
officers designated by law to receive copies of said report.

Treasurer

Principal

COPIES TO BE FILED AS FOLLOWS:

Township School: 1 copy to Township Trustee
1 copy to County Superintendent

School Corporation: 1 copy to Board of School Trustees or Board of School Commissioners
1 copy to Superintendent of Schools

SCHOOL EXTRA-CURRICULAR ACCOUNT

_____ FUND NO. _____

| | DATE | ITEM | RECEIPT OR CHECK NO. | ~ | RECEIPTS DEBIT | DISBURSEMENTS CREDIT | BALANCE | |
|----|------|------|----------------------------|---|-------------------|-------------------------|---------|----|
| 1 | | | | | | | | 1 |
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| 30 | | | | | | | | 30 |

CLAIM FOR PAYMENT

No. _____

SCHOOL EXTRA-CURRICULAR ACCOUNT**PAID BY CHECK:**

DATE _____

No. _____ Date _____, _____

Purchased From _____

Address _____

Purchased For _____

Delivered To _____

Invoice Handed To _____

TO THE DISBURSING OFFICER:

The following expense is proposed, payable from the _____ Fund.

No payment is to be made for this order until the SA-7 Form is properly filed and the items have been received.

An invoice or bill to be properly itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

| Quantity | Description | Unit | Price | Total |
|------------------|-------------|------|-------|-------|
| | | | | \$ |
| SAMPLE | | | | |
| Total This Order | | | | \$ |

Approved for Payment _____

Signature

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge is made were ordered and received except _____

Date _____, _____

Signed: _____

Signature

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and I have audited same in accordance with IC 5-11-10-1.6.

Date _____, _____

Treasurer

Date: _____ **SUMMARY COLLECTION FORM** NUMBER _____

_____ School

Deposit To: _____ Time Frame of Fundraiser: _____
(Fund)

Reason for Receipts: _____
(Fundraiser, Field Trip . . .)

Sponsor: _____, Title: _____
(Please Print Name)

RECEIPT DETAIL:

CASH: _____

CHECKS AND MONEY ORDERS: _____
(See Detail Below)

TOTAL: _____

NOTE: All receipts for deposit must be accurately counted before turning in to the Treasurer. Any summary found to have a discrepancy will be returned. Please face bills and roll change when possible. The Extra-Curricular Treasurer is to provide an Official Receipt, Form SA-3, at the time the Collection Summary is turned in.

I CERTIFY I HAVE ACCURATELY ACCOUNTED FOR ALL FUNDS
AND REPORTED THE SAME HEREIN
(Signature of Fund Representative, Name is Printed Above)

Detail Checks/Money Orders
(Attach Additional Information As Needed)

| <u>Number</u> | <u>Amount</u> | <u>Number</u> | <u>Amount</u> | <u>Number</u> | <u>Amount</u> | <u>Number</u> | <u>Amount</u> |
|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
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| | | | | | | | |
| Subtotal | \$ | Subtotal | \$ | Subtotal | \$ | Subtotal | \$ |

Amount From Additional Sheets \$ _____

Grand Total \$ _____

Date: _____

ACCOUNTABLE ITEMS REVIEW

Number: _____

_____ School

Time Frame of Report: _____

DESCRIPTION: _____

Beginning Inventory

Purchases

Subtotal

Complimentary Distributions
Per School Board Policy:

Athletic Teams

Staff Meetings

Awards

Other

Total

Total Eligible for Sale

Ending Inventory

(_____)

Items Sold

Sale Price

\$

Projected Revenue (Items Sold @ Sale Price)

\$ _____

Actual Amount Received

\$ _____

Difference

\$ _____

Signed: _____

Title: _____

_____, _____

Date Name of School or School Corporation

[illegible]

OFFICIAL RECEIPTS - INDIVIDUAL TEXTBOOK RENTAL LIST

_____, SCHOOL, _____, INDIANA

Receipt _____ 0001

Date_____
Name of Student_____
Grade

| Payment Type and Amount | | | | | |
|-------------------------|-----------------------|--------------|-------------------------------------|---------------|-------|
| Cash Amount | Check/Draft Amount | MO Amount | Credit Card/ Bank Card Amount | EFT Amount | Other |
| | | | | | |

| Quantity | Description - Name - Series - Code | Unit Price | Total Rental Fee | For Use of Issuing Officer |
|----------------|------------------------------------|------------|---------------------|----------------------------|
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| Total Received | | \$ | \$ | |

NOTE TO STUDENTS AND PARENTS:

Care should be exercised in the use of rented textbooks in order that all books may be returned at the close of the school term in useable condition. For each textbook lost or returned damaged beyond use, an additional charge may be made as determined by school officials. Items available for classroom use not issued to students shall also be listed. If the volume of transactions for grades with a fixed list of books and materials is great enough to demand it, a copy of the printed list may be attached to the TBR-2 form and the form processed with a reference to such attached list instead of further itemization.

Issuing Officer

SF - 1

SCHOOL FOOD SERVICE
CERTIFICATION OF MEALS PROVIDED PER HOME RULE

School _____

Date _____, _____

[illegible]

I certify that the above named individuals received meals on the dates designated in accordance with written School Board Policy.

Authorized Signature

School _____

[illegible]

SF-2A

SCHOOL FOOD SERVICE
DAILY RECORD OF MEALS/MILK SERVED

School _____

| LINE No | Date _____ | NSLP | | | | | | AFTER SCHOOL SUP. | | | | | | SBP | | | | | | Kindergarten Special Milk | | | LINE No | | | |
|------------|---------------|---------------------------------------|------|-------|-------|------------------------|------------------------|------------------------|---------------------------------------|------|-------|-------|------------------------|------------------------|-----------------------|---------------------------------------|------|-------|-------|------------------------------|------------------------|-----------------------|------------|------------------------------|------|-------|
| | | Number of Meals Served to Students | | | | Paid Adult Meals | SF-1 Other Meals | Total NSLP Meals | Number of Meals Served To Students | | | | Adult Paid Meals | SF-1 Other Meals | Total SUP Meals | Number of Meals Served To Students | | | | Adult Paid Meals | SF-1 Other Meals | Total SBP Meals | | Kindergarten Special Milk | | |
| | | Paid | Free | Redu. | Total | | | | Paid | Free | Redu. | Total | | | | Paid | Free | Redu. | Total | | | | | Paid | Free | Total |
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| TOTALS | | | | | | | | | | | | | | | | | | | | | | | | | | 31 |

Date _____ Signature _____

School _____

[illegible]

School _____

[illegible]

SF-5

SCHOOL FOOD SERVICE TICKET CONTROL

Type of Ticket

School _____

School Year _____

[illegible]

SF-6

Page ____ of ____

SCHOOL FOOD SERVICE EQUIPMENT INVENTORY

SCHOOL _____

Date _____

[illegible]

[illegible]